

DATA COLLECTION SHEET

Please check that the information below is correct. Complete any missing details, and return to the school office.

Surname:		Legal Surname:	
Forename:		Middle name:	
Chosen name:		Gender:	
Date of Birth:		Year:	
Address:			
Post Code:			

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in the order that you wish for them to be contacted in an emergency.

Priority	Name / Relationship	Home	Work
		Address: Tel: Mobile: Email:	Tel: Mobile: Email:
		Address: Tel: Mobile: Email:	Tel: Mobile: Email:

Travel Arrangements											
If the above information is incorrect, please tick the appropriate choice											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bicycle		Train		Car/Van		Walk		Taxi		School Bus	
London Underground		Public Bus Service		Metro/Train/Light Rail		Other					
Route											

Dietary Needs						
Dietary Preferences						
Meal Arrangement						
If the above information is incorrect, please tick the type of meal to have for each day of the week below.						
Type of meal	Mon	Tue	Wed	Thu	Fri	
School Meal						
Packed Lunch						
Home						

Medical Practice:	
Address:	
Telephone Number:	

Medical Condition(s)

Medical Note(s)

Disabilities

Ethnicity:		Religion:	
Home Language:		First Language:	
Country of Birth:		Nationality:	

The data being collected, controlled and processed is in line with current Data Protection legislation.

Signature:	Date:
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